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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/419,713 10/17/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 01/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY GA	SHEETS DRAWING 19	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
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ADDRESS

24728

TITLE

CORRECTING AND MONITORING STATUS OF HEALTH CARE CLAIMS

FILING FEE RECEIVED 1218	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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